Fill in this information to identify your case:							
Debtor 1	Yvonne Siegel						
Debtor 2 (Spouse, if filing)							
United States B	Bankruptcy Court for the: Middle District of Pennsylvania						
Case number (if known)	_5:21-bk-02318						

Chec	k as directed in lines 17 and 21:										
1	According to the calculations required by this Statement:										
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).										
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).										
	3. The commitment period is 3 years.										
	4. The commitment period is 5 years.										

■ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: **Calculate Your Average Monthly Income** 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 9,243.78 0.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, **Debtor 1** profession, or farm 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 Net monthly income from rental or other real property 0.00

Official Form 122C-1

			Column A Debtor 1		Column B Debtor 2 o		
7.	Interest, dividends, and royalties		\$	0.00	\$	0.00	
8.	Unemployment compensation		\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount received was a benefit ut the Social Security Act. Instead, list it here:	ınder					
	For you\$	_					
	For your spouse \$ 0.00	_					
9.	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury of disability, or death of a member of the uniformed services. If you received any repay paid under chapter 61 of title 10, then include that pay only to the extent that does not exceed the amount of retired pay to which you would otherwise be entitif retired under any provision of title 10 other than chapter 61 of that title.	e, do or etired t it	\$	0.00	<u>) </u>	0.00	
10.	Income from all other sources not listed above. Specify the source and amound not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by United States Government in connection with a disability, combat-related injury of disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	y the					
		_	\$	0.00	<u> </u>	0.00	
		_	\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.	+	\$	0.00	\$	0.00	
11.	Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	i	9,243.78	+ \$	0.00	= \$	9,243.78
Part	2: Determine How to Measure Your Deductions from Income						tal average onthly income
	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one:					\$	9,243.78
	☐ You are not married. Fill in 0 below.						
	☐ You are married and your spouse is filing with you. Fill in 0 below.						
	You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT redependents, such as payment of the spouse's tax liability or the spouse's stated Below, specify the basis for excluding this income and the amount of income adjustments on a separate page.	uppo	rt of someone	other	than you or you	ır depend	ents.
	If this adjustment does not apply, enter 0 below.	¢					
		Ψ \$					
		\$		_			
	Total\$	_	0.0	0	Copy here=>		0.00
14.	Your current monthly income. Subtract line 13 from line 12.					\$	9,243.78
15.	Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here=>					\$	9,243.78

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Debtor 1	Yvonne Siegel	Case number (if known)	5:21-bk-02318
	Multiply line 15a by 12 (the number of months in a year).		x 12
15	b. The result is your current monthly income for the year for this part of the form.		\$ <u>110,925.36</u>

16	. Calculate the median family income that applies to y	ou. Follow these steps:		
	16a. Fill in the state in which you live.	PA		
	16b. Fill in the number of people in your household.	3		
	16c. Fill in the median family income for your state and	size of household.		_{\$} 88,293.00
	To find a list of applicable median income amounts instructions for this form. This list may also be avai		e separate	*
17	. How do the lines compare?	. ,		
	17a. Line 15b is less than or equal to line 16c. C 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N			
	17b. Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a	lation of Your Disposable Income (O		•
Par	t 3: Calculate Your Commitment Period Under 11	J.S.C. § 1325(b)(4)		
18.	Copy your total average monthly income from line 1	1	\$	9,243.78
19.	Deduct the marital adjustment if it applies. If you are contend that calculating the commitment period under 1 spouse's income, copy the amount from line 13.	1 U.S.C. § 1325(b)(4) allows you to ded	uct part of your	
	19a. If the marital adjustment does not apply, fill in 0 on	line 19a.	- \$	0.00
	19b. Subtract line 19a from line 18.		¢	9.243.78
	19b. Subtract line 19a from line 10.		Ψ	
20.	Calculate your current monthly income for the year.	Follow these steps:		
	20a. Copy line 19b			\$9,243.78_
	Multiply by 12 (the number of months in a year).		_	x 12
	20b. The result is your current monthly income for the your	ear for this part of the form		\$ 110,925.36
	20c. Copy the median family income for your state and	size of household from line 16c		\$ 88,293.00
				
	21. How do the lines compare?			
	Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.	se ordered by the court, on the top of pa	ge 1 of this form, check box	3, The commitment
	■ Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	less otherwise ordered by the court, on	the top of page 1 of this form	n, check box 4, The
Par	t 4: Sign Below			
	By signing here, under penalty of perjury I declare that t	ne information on this statement and in	any attachments is true and	correct.
,	⟨ /s/ Yvonne Siegel			
	Yvonne Siegel Signature of Debtor 1			
	Date November 7, 2022 MM / DD / YYYY			
	If you checked 17a, do NOT fill out or file Form 122C-2.			
	If you checked 17b, fill out Form 122C-2 and file it with t	nis form. On line 39 of that form, copy yo	our current monthly income f	rom line 14 above.
	· ·	, 133	,	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 4

Fill in this information to identify your case:						
Debtor 1	Yvonne Siegel					
Debtor 2 (Spouse, if filing	j)					
United States B	ankruptcy Court for the:	Middle District of Pennsylvania				
Case number (if known)	5:21-bk-02318					

■ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/19

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

1,473.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

page 1

Debtor 1 Yvonne Siegel Case number (*if known*) 5:21-bk-02318

		- · y ·		_		•				
Peop	le who are	under 65 years of age								
	a. Out-of	-pocket health care allowance per person	\$	68						
-	b. Numbe	er of people who are under 65	X	3						
-	c. Subto	tal. Multiply line 7a by line 7b.	\$	204.00		Copy here=	> \$	2	04.00	
Peop	le who are	65 years of age or older								
-	d. Out-of	-pocket health care allowance per person	\$	142						
	e. Numbe	er of people who are 65 or older	X	0						
-	f. Subtot	al. Multiply line 7d by line 7e.	\$	0.00		Copy here=	> \$		0.00	
-	g. Total.	Add line 7c and line 7f			\$	204.00		Copy to	al here=>	\$204.00
Loca	Standards	s You must use the IRS Local Standards to	answer the	e questi	ons in lin	es 8-15.				
		nation from the IRS, the U.S. Trustee Prog poses into two parts:	ram has di	ivided tl	ne IRS L	ocal Standar	d for	housing	g for	
_		utilities - Insurance and operating expens	ses							
_	•	utilities - Mortgage or rent expenses								
sepa 8.	ate instructions	questions in lines 8-9, use the U.S. Trustee ctions for this form. This chart may also be nd utilities - Insurance and operating expe amount listed for your county for insurance a	e available nses: Usin	at the b	oankrupt mber of	tcy clerk's of	fice.	Ū	•	pecified in the 689.0
		nd utilities - Mortgage or rent expenses:	а оролаш	.9					_	
,		the number of people you entered in line 5, fi or your county for mortgage or rent expenses		ar amou	ınt		\$	1,2	87.00	
9	b. Total a	everage monthly payment for all mortgages a	nd other de	bts secu	ıred by y	our home.				
	contra	culate the total average monthly payment, ad ctually due to each secured creditor in the 60 akruptcy. Next divide by 60.								
	Name	of the creditor	Aver payn	age mo nent	nthly					
	Quick	ren Loans	\$	1,3	340.00					
		9b. Total average monthly paymen	t \$	1,3	340.00	Copy here=>	-\$	1,		Repeat this amour on line 33a.
9	c. Net mo	ortgage or rent expense.							_	
		ct line 9b (total average monthly payment) fro expense). If this number is less than \$0, enter		mortgag	je	\$		0.00	Copy here=>	\$
		n that the U.S. Trustee Program's division calculation of your monthly expenses, fill					is inc	orrect a	ind	\$ 0.0

ebtor 1	Yvonne	Siegel				Case number ((if known)	5:21-bk-023	318	
11.	Local trans	sportation expense	s: Check the number of vehic	les for which	you claim a	an ownershi	p or operat	ing expense.		
	☐ 0. Go to	line 14.								
	☐ 1. Go to	line 12.								
	2 or more	e. Go to line 12.								
12.			sing the IRS Local Standards perating Costs that apply for y						\$	710.00
13.	You may no		xpense: Using the IRS Local if you do not make any loan o							
Vel	hicle 1 D	escribe Vehicle 1:	2014 Ford Expedition 8	5000 miles	Good Co	ndition				
13a.	Ownership	or leasing costs usir	g IRS Local Standard			\$	533.00	_)		
13b.	Average mo	onthly payment for a	I debts secured by Vehicle 1.					_		
	Do not inclu	ide costs for leased	vehicles.							
	are contract		ly payment here and on line 1 cured creditor in the 60 mont			t				
	Name	of each creditor fo	r Vehicle 1	Average mo	onthly					
	Capita	al One Auto Fina	nce	\$	400.00					
		Total /	Average Monthly Payment	\$	400.00	Copy here =>	-\$4	Repea amoul line 33	nt on	
13c.		1 ownership or leas e 13b from line 13a.	e expense if this number is less than \$0,	, enter \$0		\$	133.00	Copy net Vehicle 1 expense =>		133.00
Vel	hicle 2 D	escribe Vehicle 2:	2010 HYUNDAI SONAT	Α				_		
13d.	Ownership	or leasing costs usin	g IRS Local Standard			\$	0.00	<u>) </u>		
13e.	Average mo leased vehic		I debts secured by Vehicle 2.	Do not includ	le costs for	•				
	Name	of each creditor fo	r Vehicle 2	Average me payment	onthly					
	-NON	E-		\$						
		Total a	average monthly payment	\$	0.00	Copy here => -\$	(Repeat the amount of 33c.		
13f.		2 ownership or leas e 13e from line 13d.	e expense if this number is less than \$0,	, enter \$0		\$	0.00	Copy net Vehicle 2 expense =>	2	0.00
14.			e: If you claimed 0 vehicles e allowance regardless of v					II in the	\$	0.00

Desc

0.00

\$

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment laxes, social security taxes, and Medicare taxes You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. Involuntary deductions: The root from monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as a voluntary 401(k) contributions or payroll savings. But not include premiums that you make for your spouse is the linear transport of the final monthly amounts that you pay for your own term life insurance. If two married people are liting together, include payments that you make for your spouse is rem life insurance. Do not include premiums for life insurance on your dependents, for a non-filling spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay for education that is either required: 19. Cellulation: The total monthly amount that you pay for deducation that is either required: 20. Education: The total monthly amount that you pay for childcare, such as botyvisting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 21. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and wedfare of you of your dependents, and that is not embursed by insurance or plad by a compared the payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health a	Oth		addition to the expense de following IRS categories		s listed above	, you are allowed your monthly expenses	for	
17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform casts. 20. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance. The total monthly premiums that you pay for your own term life insurance. If wo married people are filing together, include payments that you make for your appearse's term life insurance. If wo married people are filing together, include payments that you make for your appearse's term life insurance. If wo married people are filing together, include payments that you make for your appearse's term life insurance. If wo married people are filing together, include payments that you are for your pay for education administrative agency, such as spousal or child support payments. 19. Court-ordered payments: The total monthly amount that you pay for education that is either required: 10. Education: The total monthly amount that you pay for education that is either required: 11. Life as a condition for your job, or life for your physically or mentally challenged dependent child if no public education is available for similar services. 12. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 12. Do not include payments for any elementary or secondary school education. 13. Additional health care expresses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts should be listed only in line 25. 13. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pages, call walting, caller identification, special long distance, or bishess cell income, if it is not reimbursed by your employer. 14. Additional Expen	16.	self-employment taxes, social s your pay for these taxes. Howe and subtract that number from	security taxes, and Medica ever, if you expect to recei the total monthly amount	are taxes	. You may ind refund, you m	clude the monthly amount withheld from nust divide the expected refund by 12	\$	1,928.44
contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly cremiume that you pay for your own term life insurance. If two married people are fling together; include payments that you make for your speuse's term life, insurance. Do not include premiums for life insurance on your dependents, for a non-filling spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spoused or child support payments. Do not include payments on past due obligations for spousual or child support. You will list these obligations in line 35. Solution of the line of the lin	17	·	•	ictions th	at vour iob re	quires, such as retirement	_	
Section of the control of the cont				.000110 01	at your job to	quiree, each ac rearement	_	202.22
filing together, include payments that you make for your spouse's term life insurance, or for any form of life insurance on for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 20. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00 21. Education: The total monthly amount that you pay for education that is either required: 22. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 23. Additional health care oxpanses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and velfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only he amount that is more than the total entered in line 7. 24. Add all of the expenses allowed under the IRS expense allowances that you dependents and your dependents, such as pagers, call waiting, caller identifications, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, lift it is not reimbursed by your employer. 25. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 26. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses, or your dependents. 27. Health insurance, disability insurance, and health savin		Do not include amounts that are	e not required by your job	, such as	s voluntary 40	1(k) contributions or payroll savings.	\$	202.33
administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. De advacation: The total monthly amount that you pay for education that is either required: The sa a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. Childeare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. Childeare: The total monthly amount that you pay for health care that is required for the health and weflare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. Joptional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waining, caller identification, special long distance, or business cell phone service. In the savings account and your dependents, such as pagers, call waining, caller identification, special long distance, or business cell phone service. The total monthly amount that you pay for telecommunication services for you and your dependents, such as panegres, call waining, caller identification, special long distance, or business cell phone service. The total monthly amount that you pay for telecommunication services for you and your dependents, such as panegres, call waining, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of the produ	18.	filing together, include payment Do not include premiums for life	rance.	\$	301.00			
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: a sa condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 3 . O.00 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 3 . Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4 . Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses allowances listed in lines 6-24. 5 . Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings	19.					by the order of a court or		
as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 1. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is nor terimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is nor terimbursed by insurance or paid by a health savings account. Include only the amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. 2. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 2. Add all of the expenses allowed under the IRS expense allowances. 2. Add lines 6 through 23. 2. Additional Expense Deductions 2. These are additional deductions allowed by the Means Test. 2. Note: Do not include any expense allowances listed in lines 6-24. 2. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance of its ability insurance, and health savings account expenses. The monthly expenses for health insurance of its ability insurance in the s						You will list these obligations in line 35.	\$	0.00
The for your physically or mentally challenged dependent child if no public education is available for similar services. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 391.00 Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4 Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses for your self, your spouse, or your dependents. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance S 0.00 Disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Do you actually spend this total amount? No. How much do you actually spend? S 0.00 Copy total here⇒ S 0.0	20.	Education: The total monthly a	amount that you pay for e	ducation	that is either	required:		
21. Childcare: The total monthly amount that you pay for childcare, such as babysiting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or businesse cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 0.00 Do you actually spend this total amount? No. How much do you actually spend?		as a condition for your job, o	or					
Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. \$ 391.00 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions Note: Do not include any expenses ellowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance Disability insurance \$ 0.00 Disability insurance \$ 0.00 Total \$ 0.00 Copy total here=> \$ 0.00 No. How much do you actually spend? Yes \$ 0.00 Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your mousehold or member of your immediate family who is unab		for your physically or mental	lly challenged dependent	child if n	o public educ	ation is available for similar services.	\$	0.00
that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call vailing, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. **Mote: Do not include any expenses allowances listed in lines 6-24. **Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance Disability insurance \$ 0.00 Total ***Outine do not include amount? No. How much do you actually spend? ***Outine do not include amount? No. How much do you actually spend? ***Outine do not include amount? Protection against family violence. The reasonably necessary monthly expenses that you will continued contributions to an account of a qualified ABLE program. 26 U.S.C. § \$529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety	21.	•	, , ,	-	•	sitting, daycare, nursery, and preschool.	\$	0.00
Payments for health insurance or health savings accounts should be listed only in line 25. 391.00 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, called invalid, and in such as pagers, call waiting, called invalid in called phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4 Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance Disability insurance \$ 0.00 Health savings account	22.	that is required for the health a	nd welfare of you or your	depende	nts and that is	s not reimbursed by insurance or paid		
23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 0.00 Disability insurance \$ 0.00 Total \$ 0.00 Copy total here=> \$ 0.00 Poyou actually spend this total amount? No. How much do you actually spend? Pyes \$ 0.00 Conditional monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § \$299A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		•	•				\$	391.00
Add lines 6 through 23. Add lines 6 through 23. Add lines 6 through 23. These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 0.00 Disability insurance \$ 0.00 Health savings account + \$ 0.00 Total Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	23.	for you and your dependents, s phone service, to the extent ne income, if it is not reimbursed b Do not include payments for ba	such as pagers, call waitin cessary for your health ar by your employer. asic home telephone, intel	ng, caller nd welfar rnet and	identification, e or that of yo cell phone se	special long distance, or business cell our dependents or for the production of rvice. Do not include self-employment	+\$	0.00
Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 0.00 Disability insurance \$ 0.00 Health savings account + \$ 0.00 Total Do you actually spend this total amount? No. How much do you actually spend? Yes \$ 0.00 Copy total here=> \$ 0.00 No. How much do you actually spend? Yes 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	24	24. Add all of the expenses allowed under the IRS expense allowances.						
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insurance, disability insurance, and health savings accounts that are reasonably necessary for your self, your spouse, or your dependents. Health insurance \$ 0.00 Disability insurance \$ 0.00 Health savings account +\$ 0.00 Total \$ 0.00 Copy total here=> \$ 0.00 Do you actually spend this total amount? No. How much do you actually spend? Yes \$		•	·			ne Means Test.	\$	6,031.77
Disability insurance \$ 0.00 Health savings account +\$ 0.00 Total \$ 0.00 Copy total here=> \$ 0.00 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) \$ 0.00 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		•	These are additional de	eductions	allowed by the		\$	6,031.77
Health savings account Total \$ 0.00 Copy total here=> \$ 0.00 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) \$ 0.00 Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	Add	itional Expense Deductions Health insurance, disability in insurance, disability insurance,	These are additional de Note: Do not include ar	eductions ny expen- ny ivings ac	allowed by the allowances	s listed in lines 6-24. ses. The monthly expenses for health	Ľ	6,031.77
Do you actually spend this total amount? No. How much do you actually spend? Yes Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 7. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	Add	itional Expense Deductions Health insurance, disability in insurance, disability insurance, your dependents.	These are additional de Note: Do not include ar	eductions ny expensi vings ac unts that	s allowed by the se allowances ccount expert are reasonab	s listed in lines 6-24. ses. The monthly expenses for health	Ľ	6,031.77
Do you actually spend this total amount? No. How much do you actually spend? Yes Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 7. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	Add	Health insurance, disability in insurance, disability in insurance, your dependents. Health insurance	These are additional de Note: Do not include ar	eductions ny expen- vings ac unts that	s allowed by the se allowances account expension are reasonabed.	s listed in lines 6-24. ses. The monthly expenses for health	Ľ	6,031.77
No. How much do you actually spend? Yes Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	Add	itional Expense Deductions Health insurance, disability in insurance, disability insurance, your dependents. Health insurance Disability insurance	These are additional de Note: Do not include ar nsurance, and health sa and health savings accord	eductions by expensions accounts that	s allowed by the se allowances account experience are reasonabed 0.00	s listed in lines 6-24. ses. The monthly expenses for health	Ľ	6,031.77
Yes \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) \$	Add	itional Expense Deductions Health insurance, disability in insurance, disability insurance, your dependents. Health insurance Disability insurance Health savings account	These are additional de Note: Do not include ar nsurance, and health sa and health savings accord	eductions ny expen- vings ac unts that \$ \$	s allowed by the se allowances account experiment are reasonabed 0.00 0.00 0.00	s listed in lines 6-24. ISES. The monthly expenses for health ly necessary for yourself, your spouse, or		,
26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	Add	itional Expense Deductions Health insurance, disability in insurance, disability insurance, your dependents. Health insurance Disability insurance Health savings account Total	These are additional de Note: Do not include ar nsurance, and health sa and health savings accord	eductions ny expen- vings ac unts that \$ \$	s allowed by the se allowances account experiment are reasonabed 0.00 0.00 0.00	s listed in lines 6-24. ISES. The monthly expenses for health ly necessary for yourself, your spouse, or		,
continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) \$ 0.00 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	Add	itional Expense Deductions Health insurance, disability in insurance, disability insurance, your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this tota No. How much do you as	These are additional de Note: Do not include ar nsurance, and health sa and health savings accord	eductions ny expen- vings ac unts that \$ \$ \$ \$	s allowed by the se allowances account experiment are reasonabed 0.00 0.00 0.00	s listed in lines 6-24. ISES. The monthly expenses for health ly necessary for yourself, your spouse, or		,
safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	Add	Health insurance, disability in insurance, disability in insurance, disability insurance, your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this tota No. How much do you a	These are additional de Note: Do not include ar nsurance, and health sa and health savings accord	eductions ny expen- vings ac unts that \$ \$ \$ \$	s allowed by the se allowances account experiment are reasonabed 0.00 0.00 0.00	s listed in lines 6-24. ISES. The monthly expenses for health ly necessary for yourself, your spouse, or		,
0.00	Add 25.	itional Expense Deductions Health insurance, disability in insurance, disability insurance, your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this tota No. How much do you are yes Continued contributions to the continue to pay for the reasonal your household or member of yes	These are additional de Note: Do not include ar nsurance, and health sa and health savings account the sav	seductions by expensivings accounts that state s	s allowed by the se allowances account experiment of an elder le to pay for se allowances.	ce actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may	. \$	0.00
	25. 26.	Health insurance, disability in insurance, disability in insurance, disability insurance, your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this tota No. How much do you are yes Continued contributions to the continue to pay for the reasonary your household or member of you include contributions to an according to the protection against family violents.	These are additional de Note: Do not include ar insurance, and health sa and health savings according to the care of household or able and necessary care a your immediate family who bunt of a qualified ABLE plence. The reasonably ne	seductions by expensivings accurate that state s	s allowed by the se allowances allowances allowances allowances are reasonable are reasonable and the second are reasonable are reasonable and the second are reasonable ar	copy total here=> e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may 629A(b) enses that you incur to maintain the	. \$	0.00

Debtor 1	Yvonne Siegel	Case number (i	if known)	5:21	-bk-023	18	
28.	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance and ope	erating o	expense	s on		
	If you believe that you have home energy or 8, then fill in the excess amount of home en	osts that are more than the home energy costs include ergy costs	ed in ex	penses (on line		
	You must give your case trustee documenta amount claimed is reasonable and necessa	ation of your actual expenses, and you must show that ry.	t the ad	ditional		\$	0.00
29.		ren who are younger than 18. The monthly expense pendent children who are younger than 18 years old to					
	You must give your case trustee documenta claimed is reasonable and necessary and n	ation of your actual expenses, and you must explain w ot already accounted for in lines 6-23.	hy the a	amount			
	* Subject to adjustment on 4/01/22, and eve	ery 3 years after that for cases begun on or after the da	ate of a	djustmer	nt.	\$	0.00
		ne monthly amount by which your actual food and clot allowances in the IRS National Standards. That amous in the IRS National Standards.					
		onal allowance, go online using the link specified in th o be available at the bankruptcy clerk's office.	ie sepai	rate			
	You must show that the additional amount of	claimed is reasonable and necessary.				\$	51.00
	Continuing charitable contributions. The instruments to a religious or charitable orga	amount that you will continue to contribute in the form nization. 11 U.S.C. § 548(d)(3) and (4).	n of cas	h or fina	ncial		
	Do not include any amount more than 15% $$	of your gross monthly income.				\$	50.00
32.	Add all of the additional expense deduct Add lines 25 through 31.	ions.				\$	101.00
Ded	uctions for Debt Payment						
		n property that you own, including home mortgag	es, veh	icle			
	oans, and other secured debt, fill in lines	•					
	reditor in the 60 months after you file for bar	ent, add all amounts that are contractually due to each nkruptcy. Then divide by 60.	1 secure	ed			
	Mortgages on your home					verage ayment	monthly
33a.	Copy line 9b here				=> \$		1,340.00
	Loans on your first two vehicles						
33b.	Copy line 13b here				_=> \$		400.00
33c.					.=> \$		0.00
33d.	List other secured debts:						
Nam	e of each creditor for other secured debt	Identify property that secures the debt	incl	es payme ude taxe nsurance	S		
		2019 Park Model Camper		No			
	First National Bank of PA	Park Model Camper on Campsite in Trails End Campsites, Shohola PA		Yes	\$		402.96
				No			
				Yes	\$		
				No			
				Yes			
		- <u>-</u>		163	+\$		
33e	Total average monthly payment. Add lines	33a through 33d\$	2,14	2.96	Copy total here=>	\$	2,142.96

■ No.	Go to line 35.							
	State any amount that you listed in line 33, to keep poole Next, divide by 60 and fill in	ssession of your propert	n addition to th y (called the <i>c</i>	e payments ure amount).				
Name of the	creditor	Identify property that s	ecures the deb		Total cure amount		onthly	cure
-NONE-				\$		÷ 60 = \$	mount	
						Сору		
				Total	\$	total here=	> \$_	0.00
	owe any priority claims - su due as of the filing date of				at			
■ No.	Go to line 36.							
	Fill in the total amount of al ongoing priority claims, suc			e current or				
	Total amount of all past-de	ue priority claims			0.00	÷ 60	\$	0.00
6. Projecte	ed monthly Chapter 13 plan	payment		9	S	_		
Office of the Exec To find a l	multiplier for your district as s the United States Courts (for cutive Office for United States list of district multipliers that inclu- instructions for this form. This list	districts in Alabama an Trustees (for all other of des your district, go online of	d North Carolii listricts). using the link spe	na) or by ecified in the	<	7		
Average	monthly administrative expe	nse			\$	Copy tot here=>		
	of the deductions for debtes 33e through 36.	payment.					\$	2,142.96
otal Deduc	ctions from Income							
otal Deduc	of the allowed deductions.							
			\$	6,031.77				
8. Add all (Copy lir	ne 24, All of the expenses all e allowances							
8. Add all (Copy lii <i>expens</i>				101.00				
8. Add all of Copy line expens	e allowances	pense deductions	\$	101.00 2,142.96				

art 2: Do	etermine Yo	ur Disposable Income Under 11	U.S.C. § 1325	(b)(2)				
		rrent monthly income from line Current Monthly Income and Ca			<i>l.</i>		\$	9,243.78
childre disabilit receive	n. The montly payments of in accorda	bly necessary income you receingly average of any child support part of a dependent child, reported in the with applicable nonbankruptcy pended for such child.	ayments, foster Part I of Form 1	care payments, or 22C-1, that you		\$).00	
employe in 11 U.	er withheld fr S.C. § 541(b	retirement deductions. The monitor wages as contributions for qual ()(7) plus all required repayments (0. § 362(b)(19).	alified retiremer	nt plans, as specifie	d	\$	0.00	
42. Total of	f all deducti	ons allowed under 11 U.S.C. § 7	07(b)(2)(A) . Co	py line 38 here	=>	\$ 8,275	5.73	
expense their ex	es and you h penses. You	cial circumstances. If special circ ave no reasonable alternative, de must give your case trustee a det documentation for the expenses.	scribe the spec	ial circumstances a	nd			
Describe th	ne special c	ircumstances		Amount of exp	ens	е		
				\$				
				\$		_		
				\$		_		
					ī	_		
			Total \$	0.00		Copy nere=> \$ 	0.00	
44. Total ad	djustments.	Add lines 40 through 43.		=>	\$_	8,275.73	Copy here=> -\$	8,275.73
45. Calcula	ite your mo	nthly disposable income under	§ 1325(b)(2) . S	ubtract line 44 from	line	39.	\$	968.05
art 3: C	hange in Ind	come or Expenses						
46. Change have ch time you you filed	e in income langed or are ur case will b	or expenses. If the income in Fore virtually certain to change after the open, fill in the information below, check 122C-1 in the first column in when the increase occurred, a	he date you file w. For example n, enter line 2 i	d your bankruptcy p , if the wages report n the second columi	etitio ted i n, ex	on and during the ncreased after		
Form	Line	Reason for change		Date of chang	е	Increase or decrease?	Amount of cha	ange
☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-1						☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Decrease	\$ \$ \$	
☐ 122C-2 ☐ 122C-1						☐ Decrease	Ψ	

☐ 122C-2

☐ Decrease

Debtor 1	Yvonne Siegel	Case number (if known)	5:21-bk-02318

Part 4:	Sign Below		
	By signing here, under penalty of perjury you declare that the	information on this statement and in any attachments is true and correct.	
X	/s/ Yvonne Siegel	_	
	Yvonne Siegel Signature of Debtor 1		
Date	November 7, 2022		